

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>	<i>69801</i>	<i>12/27</i>
O.I.P.E. CLASSIFIER		<i>69853</i>	<i>1/2/00</i>
FORMALITY REVIEW			<i>1/2/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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